

# **EXHIBIT F**

UNITED STATES BANKRUPTCY COURT FOR THE WESTERN DISTRICT OF NORTH CAROLINA				GARLOCK SEALING TECHNOLOGIES LLC et al. ASBESTOS PERSONAL INJURY PROOF OF CLAIM	
Name of Debtor against Whom Making a Claim: <input type="checkbox"/> Garlock Sealing Technologies LLC <input type="checkbox"/> The Anchor Packing Company					Case Number: 10-31607
NOTE: THIS FORM SHOULD <u>ONLY</u> BE USED IF YOU HAVE AN ASBESTOS PERSONAL INJURY CLAIM (AS DEFINED IN THE "NOTICE OF BAR DATES FOR ASBESTOS PERSONAL INJURY CLAIMS"). THIS FORM SHOULD NOT BE USED TO FILE A CLAIM FOR ANY INJURY UNRELATED TO ASBESTOS, TO RECOVER OTHER DAMAGES, OR TO MAKE A CLAIM ON ANY OTHER BASIS.					
<b>IF REPRESENTED BY COUNSEL, YOU <u>MUST</u> FILE THIS CLAIM ELECTRONICALLY.</b>					
Name of Person to whom it is alleged the Debtor(s) owe money ("Creditor"):					<b>THIS SPACE IS FOR COURT USE ONLY</b>
Name and address where acknowledgement and notices should be sent:		<input type="checkbox"/> Check if you or your counsel has never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check if this claim amends or replaces a previously filed claim, and indicate the date of claim (Mo/Day/Yr) _____.			
E-mail address where acknowledgement and notices should be sent:					
<b>INJURED PARTY INFORMATION (PERSON WITH ALLEGED ASBESTOS-RELATED INJURY)</b>					
Injured Party's Last Name		Injured Party's First Name		Injured Party's Middle Name	Suffix
Last four digits of SSN or Foreign Tax ID	Date of birth (Mo/Day/Yr)		Date of death (Mo/Day/Yr)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address (Street Address) of current or last place or residence					Daytime Telephone: (____) ____-____
City	State	ZIP Code	Country	Email Address	
<b>CREDITOR INFORMATION (IF CREDITOR DIFFERENT FROM INJURED PARTY)</b>					
Last Name		First Name		Middle Name	Suffix
Basis for Creditor's Claim if Creditor is not Injured Party:					
<input type="checkbox"/> Personal Representative of Injured Party's Estate (if Personal Representative, you <b><u>MUST ATTACH</u></b> a copy of Certificate of Official Capacity) <input type="checkbox"/> Other Basis: _____ <input type="checkbox"/> Loss of Consortium, Emotional Distress, or other damages suffered directly by Creditor					
Creditor Relationship to Injured Party:		Last Four Digits of SSN or Foreign Tax ID:		Daytime Telephone: (____) ____-____	
Mailing Address (Street Address) of current or last place or residence:					
City	State	ZIP Code	Country	Email Address	
<b>LAW FIRM / ATTORNEY INFORMATION (IF REPRESENTED BY COUNSEL)</b>					
Name of Law Firm					
Attorney Last Name			Attorney First Name		
Direct Telephone: (____) ____-____		Facsimile: (____) ____-____		Email Address for purposes of notice:	
Mailing Address (Street Address)					
City		State		Country	
NOTE: THIS FORM MUST BE COMPLETED IN ITS ENTIRETY, INCLUDING <u>PART III</u> BELOW. <u>PART III</u> REQUIRES THE CREDITOR TO IDENTIFY INJURY AND DIAGNOSTIC INFORMATION AND IS SUBMITTED SEPARATELY TO SAFEGUARD MEDICAL INFORMATION. <b><u>THE FAILURE TO COMPLETE THIS OR ANY OTHER PART OF THE CLAIM FORM WILL RESULT IN THE DENIAL OF THE CLAIM</u></b>					

**1. Alleged Injury Upon Which Your Claim Is Based:**

☐ Mesothelioma    ☐ Lung Cancer    ☐ Other Cancer    ☐ Pleural Disease  
☐ Asbestosis    ☐ Other Asbestos Disease (specify): \_\_\_\_\_

**2. Lawsuit or Claim Against Debtors.**

Has Creditor filed a lawsuit or civil action against one of the Debtors based on injury?

☐ Yes    ☐ No

If "Yes," provide the following:

Title of Case: \_\_\_\_\_

Case Number: \_\_\_\_\_

Court where filed: \_\_\_\_\_

Court Where Case Pending June 5, 2010: \_\_\_\_\_

Date Complaint Filed (Mo/Day/Yr): \_\_\_\_\_

Judgment entered: ☐ Yes    ☐ No

Name of your lawyer in case (if different from above): \_\_\_\_\_

Date of Judgment (Mo/Day/Yr): \_\_\_\_\_

Address of your lawyer in case (if different from above): \_\_\_\_\_

Amt. of Judgment: \_\_\_\_\_

Judgment satisfied: ☐ Yes    ☐ No

**3. Claim Based on Settlement.**

Is the Creditor's Claim based on a purported settlement agreement with one of the Debtors entered prior to June 5, 2010? ☐ Yes    ☐ No

If "Yes," provide: Date of settlement (Mo/Day/Yr): \_\_\_\_\_ Amt. of settlement: \_\_\_\_\_ Amt. rec'd pursuant to settlement: \_\_\_\_\_

**4. Claims Against Asbestos Trusts.**

Identify in **TABLE A** attached, all trusts against whom a claim has been filed on behalf of the Injured Party or against whom a claim may be filed in the future, as well as claim status, amount received, and payment date. If a trust is not listed, write in the name of the trust and provide the additional information requested.

**5. Other Legal Claims and Payments.**

Identify below all companies, persons, and other parties, except for trusts established to pay for asbestos-related injuries, against whom a lawsuit, civil action, or claim based on alleged asbestos exposure has been filed on behalf of the Injured Party or against whom a claim may be filed in the future, the status of the claim, the amount received, and the payment date.

Defending Party Name	Claim Status	Def. % Share of Damage	Settlement or Judgment Amt.	Amt. of Payment Received	Payment Date (Mo/Day/Yr)
	<input type="checkbox"/> Pending <input type="checkbox"/> Dismissal <input type="checkbox"/> Judgment    without <input type="checkbox"/> Settled    payment				
	<input type="checkbox"/> Pending <input type="checkbox"/> Dismissal <input type="checkbox"/> Judgment    without <input type="checkbox"/> Settled    payment				
	<input type="checkbox"/> Pending <input type="checkbox"/> Dismissal <input type="checkbox"/> Judgment    without <input type="checkbox"/> Settled    payment				
	<input type="checkbox"/> Pending <input type="checkbox"/> Dismissal <input type="checkbox"/> Judgment    without <input type="checkbox"/> Settled    payment				
	<input type="checkbox"/> Pending <input type="checkbox"/> Dismissal <input type="checkbox"/> Judgment    without <input type="checkbox"/> Settled    payment				
	<input type="checkbox"/> Pending <input type="checkbox"/> Dismissal <input type="checkbox"/> Judgment    without <input type="checkbox"/> Settled    payment				
	<input type="checkbox"/> Pending <input type="checkbox"/> Dismissal <input type="checkbox"/> Judgment    without <input type="checkbox"/> Settled    payment				
	<input type="checkbox"/> Pending <input type="checkbox"/> Dismissal <input type="checkbox"/> Judgment    without <input type="checkbox"/> Settled    payment				
	<input type="checkbox"/> Pending <input type="checkbox"/> Dismissal <input type="checkbox"/> Judgment    without <input type="checkbox"/> Settled    payment				

USE **TABLE B** ATTACHED TO CONTINUE YOUR ANSWER IF THE ABOVE DOES NOT PROVIDE SUFFICIENT SPACE TO COMPLETELY ANSWER THIS QUESTION 5.

**PART II –CAUSE OF INJURY AND EXPOSURE TO ASBESTOS**

**6. Cause of Injury.**

Does Creditor contend injury was caused by exposure to a product(s) containing asbestos manufactured or distributed by the Debtor(s) ("Product")?

☐ Yes ☐ No If "No," identify cause of the injury: \_\_\_\_\_

**7. Indirect Exposure.**

Do you allege that the Injured Party was exposed to asbestos through contact with a family member or other exposed person ("Other Exposed Person")?

☐ Yes ☐ No

**8. Product Exposure Details.**

If you allege injury based on exposure to asbestos from a Product, for each site ("Site") where you allege exposure to a Product(s) that resulted in asbestos exposure to the Injured Party, either directly or indirectly, complete the following. If you allege that the Injured Party was exposed to asbestos through contact with an Other Exposed Person, complete the following for the Other Exposed Person's work. Use **TABLE C** to continue your answer if the below does not provide sufficient space to completely answer the question. Please make additional copies of **TABLE C**, should further space be required to provide a complete answer.

**SITE NO. 1**

Facility name: \_\_\_\_\_ Industry Code (from instructions): \_\_\_\_\_  
Site Owner: \_\_\_\_\_ Occupation Code (from instructions): \_\_\_\_\_  
Employer: \_\_\_\_\_ Date exposure began (Mo/Day/Yr): \_\_\_\_\_  
Site City/State: \_\_\_\_\_ Date exposure ended (Mo/Day/Yr): \_\_\_\_\_

Product Name: \_\_\_\_\_ Equipment and Service in which Product used: \_\_\_\_\_

Describe Product, include Style No. (if known): \_\_\_\_\_

Did Injured Party or Other Exposed Person work with a Product at this Site? ☐ Yes ☐ No

If "Yes," describe how Injured Party or Other Exposed Person worked with Product, including the tasks and tools involved and how many times, on average, Injured Party or Other Exposed Person worked with Product each year: \_\_\_\_\_

Was Injured Party or Other Exposed Person exposed to asbestos products manufactured or distributed by companies other than Debtors at Site ("Non-Debtor Asbestos Products")? ☐ Yes ☐ No

**SITE NO. 2**

Facility name: \_\_\_\_\_ Industry Code (from instructions): \_\_\_\_\_  
Site Owner: \_\_\_\_\_ Occupation Code (from instructions): \_\_\_\_\_  
Employer: \_\_\_\_\_ Date exposure began (Mo/Day/Yr): \_\_\_\_\_  
Site City/State: \_\_\_\_\_ Date exposure ended (Mo/Day/Yr): \_\_\_\_\_

Product Name: \_\_\_\_\_ Equipment and Service in which Product used: \_\_\_\_\_

Describe Product, include Style No. (if known): \_\_\_\_\_

Did Injured Party or Other Exposed Person work with a Product at this Site? ☐ Yes ☐ No

If "Yes," describe how Injured Party or Other Exposed Person worked with Product, including the tasks and tools involved and how many times, on average, Injured Party or Other Exposed Person worked with Product each year: \_\_\_\_\_

Did Injured Party or Other Exposed Person work with Non-Debtor Asbestos Products at Site? ☐ Yes ☐ No

<b>SITE NO. 3</b>	
Facility name: _____	Industry Code (from instructions): _____
Site Owner: _____	Occupation Code (from instructions): _____
Employer: _____	Date exposure began (Mo/Day/Yr): _____
Site City/State: _____	Date exposure ended (Mo/Day/Yr): _____
Product Name: _____	Equipment and Service in which Product used: _____
Describe Product, include Style No. (if known): _____ _____	
Did Injured Party or Other Exposed Person work with a Product at this Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," describe how Injured Party or Other Exposed Person worked with Product, including the tasks and tools involved and how many times, on average, Injured Party or Other Exposed Person worked with Product each year: _____ _____ _____	
Did Injured Party or Other Person work with Non-Debtor Asbestos Products at Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SITE NO. 4</b>	
Facility name: _____	Industry Code (from instructions): _____
Site Owner: _____	Occupation Code (from instructions): _____
Employer: _____	Date exposure began (Mo/Day/Yr): _____
Site City/State: _____	Date exposure ended (Mo/Day/Yr): _____
Product Name: _____	Equipment and Service in which Product used: _____
Describe Product, include Style No. (if known): _____ _____	
Did Injured Party or Other Exposed Person work with a Product at this Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," describe how Injured Party or Other Exposed Person worked with Product, including the tasks and tools involved and how many times, on average, Injured Party or Other Exposed Person worked with Product each year: _____ _____ _____	
Did Injured Party or Other Exposed Person work with Non-Debtor Asbestos Products at Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SITE NO. 5</b>	
Facility name: _____	Industry Code (from instructions): _____
Site Owner: _____	Occupation Code (from instructions): _____
Employer: _____	Date exposure began (Mo/Day/Yr): _____
Site City/State: _____	Date exposure ended (Mo/Day/Yr): _____
Product Name: _____	Equipment and Service in which Product used: _____
Describe Product, include Style No. (if known): _____ _____	
Did Injured Party or Other Exposed Person work with a Product at this Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," describe how Injured Party or Other Exposed Person worked with Product, including the tasks and tools involved and how many times, on average, Injured Party or Other Exposed Person worked with Product each year: _____ _____ _____	
Did Injured Party or Other Exposed Person work with Non-Debtor Asbestos Products at Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>USE TABLE C ATTACHED TO CONTINUE YOUR ANSWER IF THE ABOVE DOES NOT PROVIDE SUFFICIENT SPACE TO COMPLETELY ANSWER THIS QUESTION 8.</b>	

Identify Non-Debtor Asbestos Products to which the Injured Party or Other Exposed Person was exposed by completing the below. Use **TABLE D** to continue your answer if the below does not provide sufficient space to completely answer the question. Please make additional copies of **TABLE D**, should further space be required to provide a complete answer.

USE **TABLE D** ATTACHED TO CONTINUE YOUR ANSWER IF THE ABOVE DOES NOT PROVIDE SUFFICIENT SPACE TO COMPLETELY ANSWER THIS QUESTION 9.

**10. Occupational History.**

Provide a listing of your occupational history of the Injured Party by providing a complete listing of the Injured Party's employer, location of employment, dates of employment, occupation code and industry code in the table below. Use **TABLE E** to continue your answer if the below does not provide sufficient space to completely answer the question. Please make additional copies of **TABLE E**, should further space be required to provide a complete answer.

Employer	Location (City, State)	Date (Mo/Yr) Employment Began	Date (Mo/Yr) Employment Ended	Occupation Code (from Inst.)	Industry Code (from Inst.)

USE **TABLE E** ATTACHED TO CONTINUE YOUR ANSWER IF THE ABOVE DOES NOT PROVIDE SUFFICIENT SPACE TO COMPLETELY ANSWER THIS QUESTION 10.

**PART III –INJURY AND DIAGNOSTIC INFORMATION**

**IN ORDER TO SAFEGUARD MEDICAL INFORMATION, PART III OF THIS PROOF OF CLAIM FORM APPEARS FOLLOWING THE SIGNATURE AND CERTIFICATION BELOW SO THE CLAIMS AGENT MAY SEGREGATE SUCH INFORMATION FROM OTHER PORTIONS OF THE CLAIM.**  
**THE FAILURE TO COMPLETE PART III OF THE CLAIM FORM WILL RESULT IN THE DENIAL OF THE CLAIM**

**SIGNATURE AND CERTIFICATION OF ACCURACY**

**Signature:** The person filing this claim must sign it. If the Creditor is represented by counsel, this claim form must be submitted electronically. By signing this claim, electronically or otherwise, the Creditor or other person authorized to file this claim certifies, under penalty of perjury that the information contained herein is true, accurate, and complete. If signed by an attorney, the attorney certifies that he has conferred with the Injured Party, or if not available, the Creditor, and obtained the certification of the Injured Party or Creditor, under penalty of perjury, that the information contained herein is true, accurate, and complete.

Date:

**FOR COURT USE ONLY**

*Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.*

**PART III –INJURY, DIAGNOSTIC & OTHER INFORMATION**

**11. Provide the Full SSN/Foreign Tax ID Number of Injured Party, Other Party, and Creditor (if not Injured Party) as applicable.**

SSN/Foreign Tax ID of Injured Party: \_\_\_\_\_ SSN/Foreign Tax ID of Other Exposed Party: \_\_\_\_\_ SSN/Foreign Tax ID of Creditor (if not Injured Party): \_\_\_\_\_

**12. Smoking History of Injured Party.**

Has the Injured Party ever smoked cigarettes, cigars, or pipes? ☐ Yes ☐ No

If “Yes,” identify the frequency and duration of use. \_\_\_\_\_

Has the Injured Party ever used chewing tobacco or snuff? ☐ Yes ☐ No

If “Yes,” identify the frequency and duration of use. \_\_\_\_\_

**13. Diagnosis.**

Please complete the following concerning the alleged diagnosis of injury. In addition, for your proof of claim to be complete, you **MUST ATTACH** a **DIAGNOSTIC REPORT** that meets all of the following requirements:

- (a) it was made by a pathologist, pulmonologist, or internist certified by the American Board of Pathology or the American Board of Internal Medicine
- (b) the Diagnostic Report contains a certification that it was made upon a personal examination of the Injured Party
- (c) the Diagnostic Report sets forth the factors the diagnosing physician relied upon in making his/her diagnosis

If the **DIAGNOSTIC REPORT** fails to meet any of the above requirements, you **MUST ALSO ATTACH** a statement from the diagnosing physician supplementing the Diagnostic Report to the extent necessary to meet these requirements.

**THE FAILURE TO PROVIDE A DIAGNOSTIC REPORT CONFORMING TO THESE REQUIREMENTS AND/OR A STATEMENT FROM THE DIAGNOSING PHYSICIAN WILL RESULT IN THE DENIAL OF YOUR CLAIM**

**14. Other Medical Information.**

Provide the following additional information concerning the Diagnosis and the Injured Party’s medical history:

Name of Earliest Diagnosing Physician: \_\_\_\_\_

Specialty of Earliest Diagnosing Physician: \_\_\_\_\_

City/State of Earliest Diagnosing Physician: \_\_\_\_\_

Date of Earliest Diagnosis (Mo/Day/Yr): \_\_\_\_\_

If a Second Diagnosis made, provide:

Name of Second Diagnosing Physician: \_\_\_\_\_

Specialty of Second Diagnosing Physician: \_\_\_\_\_

City/State of Second Diagnosing Physician: \_\_\_\_\_

Date of Second Diagnosis (Mo/Day/Yr): \_\_\_\_\_

Has a certified B-Reader interpreted any chest x-rays of the Injured Party? ☐ Yes ☐ No

If “Yes,” **ATTACH** International Labour Office (ILO) report of x-ray interpretation.

Has Injured Party undergone pulmonary function test(s)? ☐ Yes ☐ No

If “Yes,” **ATTACH** results of pulmonary function test(s).

If Injured Party is deceased, **ATTACH** death certificate and autopsy report, and state the cause of death: \_\_\_\_\_



**TABLE A –TRUSTS AGAINST WHOM CLAIM FOR ASBESTOS EXPOSURE TO INJURED PARTY FILED OR AGAINST WHOM A CLAIM MAY BE FILED IN THE FUTURE  
(FROM QUESTION 4 IN PART I)**

Trust Name	Claim has been filed	Claim may be filed in the future	Claim Status	Amt. of Payment Received	Payment Date (Mo/Day/Yr)
A&I Corporation Asbestos Bodily Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
A-Best Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
AC&S Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Amatex Asbestos Disease Trust Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
APG Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
API, Inc. Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Armstrong World Industries Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
ARTRA 524(g) Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
ASARCO LLC Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Babcock & Wilcox Company Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Bartells Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Brauer 524(g) Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Burns and Roe Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
C. E. Thurston & Sons Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Celotex Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Combustion Engineering 524(g) Asbestos PI Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Congoleum Plan Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
DII Industries, LLC Asbestos PI Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
<b>Note: Table Continues Next Page</b>					

**TABLE A CONTINUED –TRUSTS OR OTHER PARTIES AGAINST WHOM LAWSUIT, CIVIL ACTION, OR CLAIM FOR ASBESTOS EXPOSURE TO INJURED PARTY FILED OR AGAINST WHOM A CLAIM MAY BE FILED IN THE FUTURE (FROM QUESTION 4 IN PART I)**

Trust Name	Claim has been filed	Claim may be filed in the future	Claim Status	Amt. of Payment Received	Payment Date (Mo/Day/Yr)
Eagle-Picher Industries Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Federal Mogul U.S. Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Flintkote Company and Flintkote Mines Limited Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Forty-Eight Insulations Qualified Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Fuller-Austin Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
G-I Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
H. K. Porter Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Hercules Chemical Company, Inc. Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
J.T. Thorpe Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
JT Thorpe Company Successor Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Kaiser Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Keene Creditors Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Lummus 524(g) Asbestos PI Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Lykes Tort Claims Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
M. H. Detrick Company Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Manville Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Muralo Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
NGC Bodily Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		

**Note: Table Continues Next Page**

**TABLE A CONTINUED –TRUSTS OR OTHER PARTIES AGAINST WHOM LAWSUIT, CIVIL ACTION, OR CLAIM FOR ASBESTOS EXPOSURE TO INJURED PARTY FILED OR AGAINST WHOM A CLAIM MAY BE FILED IN THE FUTURE (FROM QUESTION 4 IN PART I)**

Trust Name	Claim has been filed	Claim may be filed in the future	Claim Status	Amt. of Payment Received	Payment Date (Mo/Day/Yr)
North American Refractories Company Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Owens Corning Fibreboard Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Pittsburgh Corning Corporation Asbestos PI Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
PLI Disbursement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Plibrico Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Porter Hayden Bodily Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Quigley Company, Inc. Asbestos PI Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Raytech Corporation Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Rock Wool Mfg Company Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Rutland Fire Clay Company Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Shook & Fletcher Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Skinner Engine Co. Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Stone and Webster Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Swan Asbestos and Silica Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
T H Agriculture & Nutrition, LLC Industries Asbestos Personal Injury Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Thorpe Insulation Company Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
United States Gypsum Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		

**Note: Table Continues Next Page**

**TABLE A CONTINUED –TRUSTS OR OTHER PARTIES AGAINST WHOM LAWSUIT, CIVIL ACTION, OR CLAIM FOR ASBESTOS EXPOSURE TO INJURED PARTY FILED OR AGAINST WHOM A CLAIM MAY BE FILED IN THE FUTURE (FROM QUESTION 4 IN PART I)**

Trust Name	Claim has been filed	Claim may be filed in the future	Claim Status	Amt. of Payment Received	Payment Date (Mo/Day/Yr)
United States Lines, Inc. and United States Lines (S.A.) Inc. Reorganization Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
United States Mineral Products Company Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
UNR Asbestos-Disease Claims Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Utex Industries, Inc. Successor Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
W.R. Grace & Co. Asbestos Personal Injury Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Wallace & Gale Company Asbestos Settlement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
Western MacArthur-Western Asbestos Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Paid		

**TABLE B - CONTINUATION SHEET FOR QUESTION 5 IN PART I**[illegible]

**Note: If more space is required, make the necessary copies of this sheet and continue completing the information of the names of additional parties and the corresponding claim status, settlement amount, amount of payment received, and payment date.**

**TABLE C – CONTINUATION SHEET FOR QUESTION 8 IN PART II**

**SITE NO. \_\_**

Facility name: \_\_\_\_\_ Industry Code (from instructions): \_\_\_\_\_

Site Owner: \_\_\_\_\_ Occupation Code (from instructions): \_\_\_\_\_

Employer: \_\_\_\_\_ Date exposure began (Mo/Day/Yr): \_\_\_\_\_

Site City/State: \_\_\_\_\_ Date exposure ended (Mo/Day/Yr): \_\_\_\_\_

Product Name: \_\_\_\_\_ Equipment and Service in which Product used: \_\_\_\_\_

Describe Product, include Style No. (if known): \_\_\_\_\_

Did Injured Party or Other Exposed Person work with a Product at this Site? ☐ Yes ☐ No

If “Yes,” describe how Injured Party or Other Exposed Person worked with Product, including the tasks and tools involved and how many times, on average, Injured Party or Other Exposed Person worked with Product each year: \_\_\_\_\_

Did Injured Party or Other Exposed Person work with Non-Debtor Asbestos Products at Site? ☐ Yes ☐ No

**SITE NO. \_\_**

Facility name: \_\_\_\_\_ Industry Code (from instructions): \_\_\_\_\_

Site Owner: \_\_\_\_\_ Occupation Code (from instructions): \_\_\_\_\_

Employer: \_\_\_\_\_ Date exposure began (Mo/Day/Yr): \_\_\_\_\_

Site City/State: \_\_\_\_\_ Date exposure ended (Mo/Day/Yr): \_\_\_\_\_

Product Name: \_\_\_\_\_ Equipment and Service in which Product used: \_\_\_\_\_

Describe Product, include Style No. (if known): \_\_\_\_\_

Did Injured Party or Other Exposed Person work with a Product at this Site? ☐ Yes ☐ No

If “Yes,” describe how Injured Party or Other Exposed Person worked with Product, including the tasks and tools involved and how many times, on average, Injured Party or Other Exposed Person worked with Product each year: \_\_\_\_\_

Did Injured Party or Other Exposed Person work with Non-Debtor Asbestos Products at Site? ☐ Yes ☐ No

**SITE NO. \_\_**

Facility name: \_\_\_\_\_ Industry Code (from instructions): \_\_\_\_\_

Site Owner: \_\_\_\_\_ Occupation Code (from instructions): \_\_\_\_\_

Employer: \_\_\_\_\_ Date exposure began (Mo/Day/Yr): \_\_\_\_\_

Site City/State: \_\_\_\_\_ Date exposure ended (Mo/Day/Yr): \_\_\_\_\_

Product Name: \_\_\_\_\_ Equipment and Service in which Product used: \_\_\_\_\_

Describe Product, include Style No. (if known): \_\_\_\_\_

Did Injured Party or Other Exposed Person work with a Product at this Site? ☐ Yes ☐ No

If “Yes,” describe how Injured Party or Other Exposed Person worked with Product, including the tasks and tools involved and how many times, on average, Injured Party or Other Exposed Person worked with Product each year: \_\_\_\_\_

Did Injured Party or Other Exposed Person work with Non-Debtor Asbestos Products at Site? ☐ Yes ☐ No

**Note: If more space is required, make the necessary copies of this sheet and continue completing your answer to Question 8.**

**TABLE D – CONTINUATION SHEET FOR QUESTION 9 IN PART II**

[illegible]

**TABLE E** – CONTINUATION SHEET FOR QUESTION 10 IN PART II

<b>Employer</b>	<b>Location (City, State)</b>	<b>Date (Mo/Yr) Employment Began</b>	<b>Date (Mo/Yr) Employment Ended</b>	<b>Occupation Code (from Inst.)</b>	<b>Industry Code (from Inst.)</b>

**Note: If more space is required, make the necessary copies of this sheet and continue completing your answer to Question 10.**